

Taskforce for Developing New Children's Instruments Working Group Meeting Summary

The first working group meeting of the Taskforce for developing new children's instruments met on February 16, 1999. The primary topics of this meeting included:

- ?? Examining the strengths and weaknesses of the existing system;
- ?? Highlighting issues related to measuring outcomes in a way that facilitates interagency collaboration; and,
- ?? Specifying criteria, goals and recommendations for the future system.

In addition, the working group began some very preliminary discussions regarding the major measurement areas (including the domains specified by the planning council) and alternative instrument formats.

Strengths/Weaknesses of Existing System

After a brief review of the instruments currently used for California's Children and Youth Performance Outcome System, the group began discussions regarding the strengths and weaknesses of the existing system.

Strengths noted on the existing system included:

- ?? Systematic collection of data
- ?? Normative groups for comparison of data
- ?? Multiple informants
- ?? More scientific approach of gathering empirical data to use in service planning
- ?? State generates reports from data
- ?? Spans a child's behavior, internal state, and context
- ?? Represents a shift from "process-oriented" to more "outcomes-oriented"

Weakness or limitations noted regarding the existing system included:

- ?? Technology & infrastructure issues
- ?? Proprietary problems/costs (relates to ease of use & ability to customize to meet reporting/technology/other needs)
- ?? State generates reports
- ?? Multiple instruments
- ?? Too complicated
- ?? Takes too much time to complete instruments
- ?? Not well used by clinicians (poor compliance reflects poor attitude as they perceive lack of value added benefit)

- ?? CBCL/YSR usually just confirms what is already known from data gathered in other ways (many clinicians feel they are redundant to clinical interviews)
- ?? Time to score CBCL/YSR
- ?? Cultural competence deficit
- ?? More heavily problems oriented rather than strength based
- ?? Already serving more severe population which doesn't need as detailed reports
- ?? Too cumbersome for clinicians to integrate for such a large population
(note: target population are all child/youth clients receiving services for 60+ days)
- ?? CAFAS captures most useful outcomes data and takes much less time to complete
- ?? Low value for interagency purposes (true for many data sources)
- ?? Interface w/broader system
- ?? Difficult for clients to understand forms
- ?? Limited feedback occurring from clinicians to parents and youth
- ?? Parents need perspective of usefulness (have not received feedback in past making it more difficult to see benefit in completing additional forms, and clinicians attitude regarding the forms gets relayed to parents)
- ?? At times of stress, completing forms can be overwhelming to family members (already feel there are too many forms to complete)

Jim Higgins emphasized that the Department of Mental Health is committed to a shift from a "data collection" mode to an increasingly more "information" driven system.

Facilitation of Interagency Collaboration

Todd Sosna led a discussion on issues relating to measuring outcomes in a way that facilitates interagency collaboration. He pointed out that many of the same problems that are encountered within an agency are encountered in the process of collecting across agencies. To enhance the mutual benefits by partnering, it is important to provide the relevance of collection for cross-agencies. Outcomes are needed by each agency that demonstrate the effectiveness relative to that agency. And while each agency may have significantly different views, they do share many similar goals (for the child/youth to be in home, in school, out of trouble, etc.) and it is important to focus on common ground. The need to demonstrate mental health goals (such as a decreases in mental disorders) is usually less important to other agencies. It is more important to demonstrate how meeting mental health goals positively impacts the partnering agency (less recidivism, higher school attendance, etc.). The outcomes should drive the process, rather than the process driving the outcomes.

The larger issue of "content" versus "process" regarding interagency collaboration was discussed. It was agreed that while there is a need to expand to a more collaborative process and integrate performance outcome measures across all agencies, this is a much larger issue than the participants of this working group can address effectively in a reasonable time period. However, it was also agreed that the goals of interagency collaboration are very important and thus should be built into the performance outcome development process such that information from and relevant to other agencies should be incorporated wherever it makes sense.

Other Issues Related to the Development of Performance Outcomes

Flexibility and Degrees of Accuracy. A discussion arose regarding flexibility in how data is collected and whether allowing various degrees of accuracy in indicators would enhance the data set or be too problematic. For example, the highest level of accuracy of arrest record information would be exact data from another agency; however, this information may not always be accessible. The next best level of accuracy would be verbal information, for example, from a probation officer. And another level would be information from the parent. Rather than limit the data set to a single indicator from a single source, it was suggested that the data set allow for increasing levels of accuracy (for data from different respondents or sources). The strength of such a method would be the potential for increased levels of accuracy and the inclusion of cross-agency data to promote increased interagency collaboration over time. The weakness of such a method would be increased complexity in the system and decreased standardization, resulting in limitations in the comparability of the data. There were some concerns raised that the path of least resistance is usually the path taken and thus, by offering these options, the lowest allowable level then becomes the standard adopted by most participants. This would require the minimum standard to be set at a sufficiently high level.

System Goals. Another discussion topic focused on the integration of disparate goals. The existing system attempts to collect data that is clinically useful, that is useful to county administrators for quality management purposes and that is useful as performance outcome measurements for state and local entities to conduct meaningful performance evaluation and analysis. It was suggested that by focusing on such a broad range of goals, it is difficult to meet each of these goals concurrently, and ultimately results in a “watered down” system that might not effectively meet any of the desired goals. Discussion emerged that stressed the importance of establishing goals for the performance outcome system under development that would incorporate more specific uses of the data. It was also stressed that “less is more”, that measuring indicators that have more specific evaluative utilization is preferable to collecting large amounts of data that may or may not prove to be useful. And it was suggested that wherever possible, that more observable, precise, discrete data would be preferable (as opposed to more subjective scale scores). Todd Sosna briefly discussed the “Child and Family Risk and Resiliency Index” that his county is pilot testing that measures specific risk factors (such as placement data, drug/alcohol usage, academic performance, domestic violence, and criminal behavior).

Indicator Measurement Levels. There was some initial discussions regarding the type and level of indicators that should be measured. Data indicators that are valuable for individual client level data are different than indicators for the aggregate (or system) level of data, and individual level data does not tend to aggregate up very well. System level data lends itself to standardization, norms (making it easier to interpret) and system-wide performance outcome evaluations. Individual level data provides more detailed behavioral/functional data and longitudinal data but is less standardized (more difficult to interpret), may be less sensitive to change over time, and less useful for system performance outcomes evaluations. In working toward additional interagency collaborations, it was emphasized that more cross-agency relevant system level data would be important. Some concerns were expressed regarding focusing on more global indicators to the exclusion of specific mental health indicators. It was stressed that

funding (such as from the legislature) for mental health requires demonstration of effectiveness in a manner as direct and unambiguous as possible. While global indicators that show children/youth are in school, at home, out of trouble, etc. suggest the effectiveness of mental health programs, there is still an invisible window for mental health without indicators regarding levels of impairment and clinical functioning. It was also noted that indicators should provide for strength-based as well as impairment based measurements.

Proposed Criteria/Recommendations for Future Model

For purposes of discussion, Jim Higgins handed out a concept design draft that an alternative instrument might be based upon. Using the domains specified by the Planning Council, specific indicators could be measured (including both strengths and impairments) with domains/scales that correspond between multiple respondent versions (parent, child, and clinician). He recommended striving for a single page form that would be able to provide a strength and an impairment profile. The development process for an alternative instrument would include a norming process for standardization purposes (and ease of interpretation). Several counties emphasized that norms help clinicians in interpreting data and would enhance the clinical utility of an instrument.

At the end of the afternoon, time was spent on summarizing the criteria and goals for the future child and youth performance outcome model. The group's recommendations included:

- ?? Create a new model
- ?? Meet the domains of the planning council
- ?? Keep as short as possible
- ?? Use public domain (free forms/reduced costs)
- ?? Design with an eye toward interagency collaboration
- ?? Keep multiple informants
- ?? Include clinical and functional assessment with:
 - Both Strengths and Impairments
 - Risk/Resilience Measures
 - Symptoms
- ?? List domains (SOC domains)
 - Need to reflect culture
- ?? Data applicable across agencies (where possible)
- ?? Flexibility of data sources (with high threshold minimums)
 - Phase-in approach

Next Meeting

The next meeting was scheduled for March 16th (10am-3pm). Please examine the planning council domains (see attached) and begin to consider the type of indicators that would be effective measurements for each of these domains, as well as additional domains that would be important for inclusion. Thank you for your participation!